

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014443

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 992

FILED APR 11 1963

1. PLACE OF DEATH

a. COUNTY ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN CLAYTONLength of stay in 1b  
D O A

2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)

a. STATE MO

b. COUNTY ST LOUIS

c. CITY  
OR TOWNInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

ST LOUIS HOSPITAL

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

10528 LIBERTY

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

JEWEL F.

Middle

THARP

4. DATE  
OF DEATH

Month

Day

Year

3

21

63

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-7-1915

9. AGE (last birthday)

50

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DIE SETTER

10b. KIND OF BUSINESS OR INDUSTRY

WAGNER ELEC.

11. BIRTHPLACE (City and state or country)

CARSVILLE, KENTUCKY

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

JOHN THARP

13b. MOTHER'S MAIDEN NAME

ORPHA WALTON

14. NAME OF HUSBAND OR WIFE

NEBBIE THARP

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates)

NO

16. SOCIAL SECURITY NO.

146

17. INFORMANT

PHILLIP THARP 10528 LIBERTY

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN  
ONSET AND DEATH  
1 hrConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Arteriosclerosis

2 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Month, Day, Year

Hour

a.m.

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

St. Louis Co. Hospital 8:00A

and last saw her alive on Dec. 1962

Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. F. SNYDER, DO

22b. ADDRESS

9409 W. Milton, St. Louis 14, Mo.

22c. DATE SIGNED

3/22/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

23b. DATE

3-25-63

23c. NAME OF CEMETERY OR CREMATORY

MEMORIAL PARK

23d. LOCATION (City, town, or county)

ST. LOUIS COUNTY

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

Carl Hellemann 9709 Lackland

25. DATE RECD. BY LOCAL REG.

3-22-63

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 4002

2 40002

3

4 0

5 1

6

7 1

8 2

9 4201

10

11

12 902

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Eurle F. Lillemann*

Licensed Embalmer No.

*3501*

P. O. Address

*Overland 14 Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.